



## Division of Human Rights

KATHY HOCHUL  
Governor

MARIA L. IMPERIAL  
Acting Commissioner

January 4, 2022

Robert W. Johnson  
112 Court Street, Apt. 2  
Watertown, NY 13601

Re: Robert W. Johnson v. GEICO  
Case No. 10212912

Dear Robert W. Johnson:

Your complaint was filed with the Division of Human Rights on 8/2/2021. A copy of your complaint is enclosed.

Please be advised that the Division has dismissed the complaint for lack of probable cause. A copy of the Division's dismissal is enclosed. The complaint has been served on the respondent, but a response has not been requested.

Very truly yours,

A handwritten signature in black ink that reads "Julia B. Day". The signature is written in a cursive, flowing style.

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Julia B. Day  
Regional Director

Enclosures:  
Complaint  
Determination



**Division of  
Human Rights**

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

ROBERT W. JOHNSON,

Complainant,

v.

GEICO CORPORATION,

Respondent.

DETERMINATION AND  
ORDER OF DISMISSAL FOR  
LACK OF PROBABLE CAUSE

Case No.  
10212912

On 8/2/2021, Robert W. Johnson filed a verified complaint with the New York State Division of Human Rights ("Division") against the above-named respondent(s) pursuant to N.Y. Exec. Law, art. 15 ("Human Rights Law").

Based on review of the information provided in the complaint, the Division has determined that there is NO PROBABLE CAUSE to believe that the respondent has engaged in or is engaging in an unlawful discriminatory practice. This determination is based on the following:

The complainant maintains denial of insurance claims that he has filed with the respondent; he accuses the respondent of negligence in handling the claims, and of "white collar crime." None of these issues are within the purview of the New York State Division of Human Rights. The complainant has not indicated any nexus between actions by the respondent and any protected categories under the New York State Human Rights Law. The complainant has not articulated a prima facie case of discrimination, and there is no probable cause to conclude that an act of unlawful discrimination has occurred in the subject case.

PLEASE TAKE NOTICE that any party to this proceeding may appeal this Determination to the New York State Supreme Court in the County wherein the alleged unlawful discriminatory practice took place by filing directly with such court a Notice of Petition and Petition within sixty (60) days after service of this Determination. A copy of this Notice and Petition must also be served on all parties including General Counsel, State Division of Human

Rights, One Fordham Plaza, 4th Floor, Bronx, New York 10458. DO NOT FILE THE ORIGINAL NOTICE AND PETITION WITH THE STATE DIVISION OF HUMAN RIGHTS.

Dated: JAN 04 2022  
Rochester, New York

STATE DIVISION OF HUMAN RIGHTS

A handwritten signature in black ink, reading "Julia B. Day". The signature is written in a cursive, flowing style.

By:

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Julia B. Day  
Regional Director

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

ROBERT W. JOHNSON,

Complainant,

v.

GEICO,

Respondent.

VERIFIED COMPLAINT  
Pursuant to Executive Law,  
Article 15

Case No.  
**10212912**

I, Robert W. Johnson, residing at 112 Court Street, Apt. 2, Watertown, NY, 13601, charge the above named respondent, whose address is 7474 Transit Road, Suite 100, Williamsville, NY, 14221 with an unlawful discriminatory practice relating to public accommodation in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of age, marital status.

Date most recent or continuing discrimination took place is 8/2/2021.

The allegations are: SEE ATTACHED COMPLAINT FORM

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to public accommodation because of age, marital status, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

## New York State Division of Human Rights Complaint Form

Received

AUG 02 2021

NYS DHR  
Rochester Regional Office**CONTACT INFORMATION**

My contact information:

Name: Robert W. Johnson

Address: 112 Court St. Apt or Floor #: 2

City: WATERTOWN State: NY Zip: 13601

**REGULATED AREAS**

I believe I was discriminated against in the area of:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Education                          | <input type="checkbox"/> Volunteer firefighting           |
| <input type="checkbox"/> Apprentice Training  | <input checked="" type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit                           |
| <input checked="" type="checkbox"/> Public Accommodations<br><i>(Restaurants, stores, hotels, movie theaters amusement parks, etc.)</i> | <input type="checkbox"/> Housing                            | <input type="checkbox"/> Labor Union, Employment Agencies |
|   | <input type="checkbox"/> Commercial Space                   | <input type="checkbox"/> Internship                       |

I am filing a complaint against:

Company or Other Name: GEICO

Address: 7474 Transit Rd. : SUITE 100

City: WILLIAMSVILLE State: NY Zip: 14221

Telephone Number: 716 832 3253  
(area code)

Individual people who discriminated against me:

Name: Jaclyn Davis

Title: 540-286-9743  
Clerk

Name: GEICO

Title: Corporation

**DATE OF DISCRIMINATION**

The most recent act of discrimination happened on:

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

**BASIS OF DISCRIMINATION**

Please tell us why you were discriminated against by checking one or more of the boxes below.



You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

**Please note:** Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Domestic Violence Victim Status is a basis only in Employment complaints). These exceptions are listed next to the types of discrimination below.

**I believe I was discriminated against because of my:**

<input checked="" type="checkbox"/> <b>Age</b> (Does not apply to Public Accommodations) Date of Birth: 02/26/1984	<input checked="" type="checkbox"/> <b>Gender Identity or Expression, Including the Status of Being Transgender</b>
<input checked="" type="checkbox"/> <b>Arrest Record</b> (Only for Employment, Licensing, and Credit) Please specify: Pending 440.10	<input type="checkbox"/> <b>Lawful Source of Income</b> (Only for Housing) Please specify:
<input checked="" type="checkbox"/> <b>Conviction Record</b> (Employment and Credit only) Please specify: Pending 440.10	<input checked="" type="checkbox"/> <b>Marital Status</b> Please specify: Divorced
<input checked="" type="checkbox"/> <b>Creed / Religion</b> Please specify: Pending	<input checked="" type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input checked="" type="checkbox"/> <b>Disability</b> Please specify: Pending	<input checked="" type="checkbox"/> <b>National Origin</b> Please specify: Pending
<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify:	<input checked="" type="checkbox"/> <b>Race/Color or Ethnicity</b> Please specify: Pending <input checked="" type="checkbox"/> Traits historically associated with race such as hair texture or hairstyle
<input type="checkbox"/> <b>Domestic Violence Victim Status:</b> (Employment only) Please specify:	<input checked="" type="checkbox"/> <b>Sex</b> Please specify: Pending <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input checked="" type="checkbox"/> <b>Familial Status</b> (Does not apply to Public Accommodations or Education) Please specify: Pending	<input checked="" type="checkbox"/> <b>Sexual Orientation</b> Please specify: Pending
<input checked="" type="checkbox"/> <b>Genetic Predisposition</b> (Employment only) Please specify: Pending	<input checked="" type="checkbox"/> <b>Retaliation</b> (if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above) Please specify: Pending

**DESCRIPTION OF DISCRIMINATION** - for all complaints (Public Accommodation, Employment, Education, Housing, and all other regulated areas listed on Page 3)

**Please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. PLEASE TYPE OR PRINT CLEARLY.**

I, Robert W. Johnson, was discriminated against by GEICO and to date GEICO has not compensated Robert W. Johnson for all insurance claims filed. GEICO is being negligent in its handlings of Robert W. Johnson insurance matters and are in continuation of White Collar Crimes. I, Robert W. Johnson, am requesting probes for White Collar Crimes & abuses of immunities.

**If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.**

**GEICO Indemnity Company**

**Buffalo/New Jersey Claims, PO BOX 9515  
Fredericksburg, VA 22403-9515**



03/25/2021

**Date Loss Reported to GEICO: 3/22/2021**

ROBERT W JOHNSON  
140 PINEVIEW TER  
PLAINFIELD NJ 07062--1506

**Company Name:** GEICO Indemnity Company  
**Claim Number:** 871736201 0000 002  
**Loss Date:** Monday, March 22, 2021  
**Policyholder:** Robert Johnson  
**Policy Number:** 6057172071  
**Injured Party:** Robert Johnson

**To Whom It May Concern,**

**We have received notification of your claim for lost wages. In order to process your claim, please submit the following verification.**

**A completed and signed NF-6 (Employers Wage Verification Form) submitted directly from your employer.**

**The dates of the period of disability claimed.**

**The name, address and phone number of your employer.**

**Your salary and pay period.**

**A copy of the police report.**

**Your claim cannot be considered for payment until the requested documentation is received.**

**Please return the requested information to:**

**GEICO  
NY PIP  
POST OFFICE BOX 9507  
FREDERICKSBURG, VA 22403-9526**





GEICO Indemnity Company

PO Box 9111  
Macon, GA 31208-9111



05/18/2021

Date Loss Reported to GEICO: 3/22/2021

Robert Johnson  
140 Pineview Ter  
Plainfield, NJ 07062-1506

Company Name: GEICO Indemnity Company  
Claim Number: 871736201 0000 002  
Loss Date: Monday, March 22, 2021  
Policyholder: Robert Johnson  
Policy Number: 6057172071

Dear Robert Johnson,

The processing of your claim has been delayed because we are pending your appearance at the Examination Under Oath that has been scheduled for you.

Please refer to your claim number when writing or calling about this claim.

Should you wish to take this matter up with the New York State Department of Financial Services, you may file with the Department either on its website at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm> or you may write to or visit the Consumer Assistance Unit, Financial Frauds and Consumer Protection Division, New York State Department of Financial Services, at: One State Street, New York, NY 10004; One Commerce Plaza, Albany, NY 12257; 1399 Franklin Avenue, Garden City, NY 11530; or Walter J. Mahoney Office Building, 65 Court Street, Buffalo, NY 14202.

Sincerely,

Larissa Dallari  
1-800-716-1097 x2715  
Claims Department





EOR #: GG1682696

## EXPLANATION OF REVIEW

Pennsylvania

**Receive Date** : 04/26/2021 **Claim Number** : 8717362010000003  
**Service Provider** : MAURER CHIROPRACTIC **Date Of Loss** : 03/29/2021  
**Patient** : JOHNSON, ROBERT  
 104 WILKES BARRE TWP BLVD  
 Wilkes-Barre, PA 18702 140 PINEVIEW TER APT 2  
 Plainfield, NJ 07062-1506  
**Case Number** :  
**Billing Provider** : STEVEN L MAURER **Patient Account #** :  
**Adjuster Name** : Wade Stroble  
 23-2509078 104 Wilkes Barre Township  
 Wilkes Barre, PA 18702-6704 **Carrier** : **GEICO**  
 PO Box 9505  
 Fredericksburg, VA 22403-9504  
**Dates Of Service** : 03/29/2021 - 03/29/2021

Diagnostic Codes	Description
S13.4XXA	Sprain lig cerv spine initial enc
S33.8XXA	Sprain oth parts lumb spn pelv init
S23.3XXA	Sprain ligaments t-spine initial
G44.309	Post-trauma headache uns not intrct

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	03/29/21	99204		Office/outpatient new moderate mdm 45-59 minutes	1.0	\$100.00	\$0.00	\$0.00	\$0.00	705
Total Lines : 1						\$100.00	\$0.00	\$0.00	\$0.00	

Reimbursement Amount	:	\$	0.00
Previous Reimbursement Amount	:	\$	0.00
Difference in Reimbursement Amount	:	\$	0.00
Apportionment Amount	:	\$	0.00
Less Deductible	:	\$	0.00
Limited Benefits/Copay	:	\$	0.00
EOR Check Amount	:	\$	0.00

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at: <https://partners.geico.com/mpctweb>.

Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at: [www.cariskic.com](http://www.cariskic.com) or call 888-207-6366.

For questions regarding payment and this EOR, please call your GEICO adjuster Wade Stroble at 800-301-1390.

**Billing Provider** : STEVEN L MAURER

**Service Provider** : MAURER CHIROPRACTIC

**Patient Name** : JOHNSON, ROBERT

**Dates of Service** : 03/29/2021 - 03/29/2021

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
BA	Billed Amount.	1
705	Patient not eligible for PIP/Med benefits.	1

**Comments:**

THIS EXPLANATION OF REVIEW REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE IDENTIFIED CRITERIA.

Pennsylvania 18 Pa. C.S. § 4117. Insurance fraud. (k)(1): "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

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EOR #: GG1646136

## EXPLANATION OF REVIEW

Pennsylvania

Receive Date : 04/16/2021 Claim Number : 8717362010000003  
 Service Provider : WILKES-BARRE IMAGING LLC Date Of Loss : 03/29/2021  
 Patient : JOHNSON, ROBERT  
 145 MUNDY ST  
 Wilkes-Barre, PA 18702 140 PINEVIEW TER APT 2  
 Case Number : Plainfield, NJ 07062-1506  
 Billing Provider : WILKES BARRE IMAGING Patient Account # :  
 Adjuster Name : Wade Stroble  
 52-2238781 PO Box 825389  
 Philadelphia, PA 19182-5389 Carrier : GEICO  
 PO Box 9505  
 Dates Of Service : 04/01/2021 - 04/01/2021 Fredericksburg, VA 22403-9504

Diagnostic Codes	Description
M54.5	Low back pain
M54.2	Cervicalgia
M54.6	Pain in thoracic spine

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	04/01/21	72050		Radex spine cervical 4 or 5 views	1.0	\$239.00	\$191.31	\$0.00	\$0.00	705
2	04/01/21	72110		Radex spine lumbosacral minimum 4 views	1.0	\$259.00	\$213.18	\$0.00	\$0.00	705
3	04/01/21	72072		Radex spine thoracic 3 views	1.0	\$183.00	\$147.65	\$0.00	\$0.00	705
Total Lines : 3						\$681.00	\$552.14	\$0.00	\$0.00	

Reimbursement Amount :	\$	0.00
Previous Reimbursement Amount :	\$	0.00
Difference in Reimbursement Amount :	\$	0.00
Apportionment Amount :	\$	0.00
Less Deductible :	\$	0.00
Limited Benefits/Copay :	\$	0.00
EOR Check Amount :	\$	0.00

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Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at: [www.cariskic.com](http://www.cariskic.com) or call 888-207-6366.

For questions regarding payment and this EOR, please call your GEICO adjuster Wade Stroble at 800-301-1390.

Billing Provider : WILKES BARRE IMAGING

Service Provider : WILKES-BARRE IMAGING LLC

Patient Name : JOHNSON, ROBERT

Dates of Service : 04/01/2021 - 04/01/2021

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
PPO1	Reduction based on your PPO contract	1, 2, 3
705	Patient not eligible for PIP/Med benefits.	1, 2, 3

**Comments:** PPO reduction based on provider's contract with Three Rivers Provider Network (TRPN). Please contact the network at 800-966-8776 with questions concerning the application of network adjustments.

THIS EXPLANATION OF REVIEW REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE IDENTIFIED CRITERIA.

Pennsylvania 18 Pa. C.S. § 4117. Insurance fraud. (k)(1): "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

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For questions regarding payment and this EOR, please call your GEICO adjuster Wade Stroble at 800-301-1390.

cc:

Robert W Johnson  
140 Pineview Ter APT 2  
Plainfield NJ 07062-1506

Case 1:22-cv-00078-AJT-1-D Document 1-2 Filed 01/26/22 Page 15 of 46 PageID# 20



Case 1:22-cv-00078-AJT-1-D Document 1-2 Filed 01/26/22 Page 15 of 46 PageID# 20



EOR #: GG1742997

## EXPLANATION OF REVIEW

Pennsylvania

Receive Date : 05/07/2021 Claim Number : 8717362010000003  
 Service Provider : VISION IMAGING OF KINGSTON LLC Date Of Loss : 03/29/2021  
 Patient : JOHNSON, ROBERT  
 517 PIERCE ST STE 1  
 Kingston, PA 18704 140 PINEVIEW TER APT 2  
 Case Number : Plainfield, NJ 07062-1506  
 Billing Provider : VISION IMAGING OF KINGSTON LLC Patient Account # :  
 Adjuster Name : Wade Stroble  
 56-2463992 PO Box 3400  
 Kingston, PA 18704-0400 Carrier : GEICO  
 PO Box 9505  
 Dates Of Service : 04/01/2021 - 04/01/2021 Fredericksburg, VA 22403-9504

Diagnostic Codes	Description
M54.2	Cervicalgia
S29.9XXA	Unspecified injury thorax initial
M54.6	Pain in thoracic spine

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	04/01/21	72125		Ct cervical spine w/o contrast material	1.0	\$837.00	\$717.00	\$0.00	\$0.00	705
2	04/01/21	72072		Radex spine thoracic 3 views	1.0	\$118.00	\$84.73	\$0.00	\$0.00	705
Total Lines : 2						\$955.00	\$801.73	\$0.00	\$0.00	

Reimbursement Amount :	\$	0.00
Previous Reimbursement Amount :	\$	0.00
Difference in Reimbursement Amount :	\$	0.00
Apportionment Amount :	\$	0.00
Less Deductible :	\$	0.00
Limited Benefits/Copay :	\$	0.00
EOR Check Amount :	\$	0.00

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For questions regarding payment and this EOR, please call your GEICO adjuster Wade Stroble at 800-301-1390.



Billing Provider : VISION IMAGING OF KINGSTON LLC

Service Provider : VISION IMAGING OF KINGSTON LLC

Patient Name : JOHNSON, ROBERT

Dates of Service : 04/01/2021 - 04/01/2021

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
PPO1	Reduction based on your PPO contract	1, 2
705	Patient not eligible for PIP/Med benefits.	1, 2

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For questions regarding payment and this EOR, please call your GEICO adjuster Wade Stroble at 800-301-1390.

**Robert W Johnson**  
**140 Pineview Ter APT 2**  
**Plainfield NJ 07062-1506**





Tel: 1-800-841-3000

**GEICO Indemnity Company**  
 One GEICO Boulevard  
 Fredericksburg, VA 22412-0003

## Declarations Page

This is a description of your coverage.  
 Please retain for your records.

**Policy Number: 6057-17-20-71**

**Coverage Period:**

03-16-21 through 09-16-21

Based on local time at the address of the named insured, your coverage began at the later of 12:01am on 03-16-21, or when initial payment was received, and will expire at 12:01am on 09-16-21.

Date Issued: March 16, 2021

ROBERT W JOHNSON  
 140 PINEVIEW TER APT 2  
 PLAINFIELD NJ 07062-1506

Email Address: robertjohnsonwny@gmail.com

### Named Insured

Robert W Johnson

### Additional Drivers

None

<u>Vehicle</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2014 Ford Explorer	1FM5K7B87EGA84274	PLAINFIELD NJ 07062-1506	CREDIT ACCEPTANCE CORP

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>
Bodily Injury Liability Each Person/Each Occurrence	\$15,000/\$30,000	\$359.60
Property Damage Liability	\$5,000	\$264.80
PIP Full PIP Primary	Option A \$15,000 \$250 Ded	\$571.00
Uninsured & Underinsured Motorists Each Person/Each Occurrence	\$15,000/\$30,000	\$25.20
Underinsured Motorist Property Damage	\$5,000	\$2.20
Comprehensive (Excluding Collision)	\$1,000 Ded	\$85.70
Collision	\$1,000 Ded	\$455.00
<b>Total Six Month Premium</b>		<b>\$1,763.50</b>

\*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee

Tier T

DEC\_PAGE (03-14) (Page 1 of 2)

Continued on Back

New Business Page 7 of 110

amount will be shown on your billing statements and is subject to change.

### Discounts

<b>The total value of your discounts is</b>	<b>\$545.70</b>
Anti-Theft Device (All Vehicles) .....	\$27.40
Passive Restraint/Air Bag (All Vehicles) .....	\$239.60
5 Year Good Driving (All Vehicles) .....	\$86.00
Telematics Discount (All Vehicles) .....	\$192.70

**Contract Type:** FAMILY STANDARD AUTO

**Contract Amendments:** ALL VEHICLES - UE112A(01-17) A30NJ(02-08) A54NJ(06-17)

**Unit Endorsements:** UE316A(04-88) (VEH 1); CRA468NJ(07-04) (VEH 1)

**Class:** A -M -2-SMP -L(VEH 1)

### **Important Policy Information**

- Please review the front and/or back of this page for your coverage and discount information.
- A discount for successfully completing an approved Defensive Driver Course is available in New Jersey.
- You are currently carrying the Limited Tort option on your policy.
- Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA, however, in Virginia coverage is limited for custom furnishings or equipment on pick-up trucks and vans but you may purchase coverage for this equipment. Please call us at 1-800-841-3000 or visit us at [geico.com](http://geico.com) if you have any questions.
- A credit or discount has been applied to this policy: Telematics Discount.
- Confirmation of coverage has been sent to your lienholder and/or additional insured.
- Claims incurred while an insured vehicle is being used to carry passengers for hire may not be covered by this contract. Please review the contract for a full list of exclusions and contact us if you plan to use any of your insured vehicles for this purpose.
- Information about your vehicle history (title issues or prior damage) impacted how we determined your premium.

GEICO

**Important Information**

Attached is your Temporary Evidence of Insurance. Two documents have been provided for each vehicle insured. Please destroy the documents when they expire or the new Permanent Insurance ID cards arrive.

Due to space limitations on the documents, only the Named Insured, Co-insured and the Registered Owner are listed. For a full list of drivers covered under this policy, please log onto geico.com or reference the Drivers section of your Declarations Page, which is included with your insurance packet.

Please notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

Your policy is recorded under the name and policy number shown on the document.

**GEICO**  
geico.com

**State of New Jersey Temporary Evidence of Insurance**  
1-800-841-3000

100 GEICO Indemnity Company  
One GEICO Boulevard • Fredericksburg, VA 22412-0003

Policy Number	Effective Date	Expiration Date
6057-17-20-71	03-16-21	04-05-21
Year	Make	Model
2014	FORD	EXPLORER
		Vehicle ID No.
		1FM5K7B87EGA84274

**Insured:**  
Robert W Johnson  
140 Pineview Ter Apt 2  
Plainfield NJ 07062-1506

**Additional Insured/Registered Owner If Different from the Named Insured**

This Temporary Evidence of Insurance expires 20 days after the effective date shown above.

ROBERT W JOHNSON  
140 PINEVIEW TER APT 2  
PLAINFIELD NJ 07062-1506

**THIS DOCUMENT IS NOT AN INSURANCE IDENTIFICATION CARD.**

**DESTROY THIS DOCUMENT WHEN THE PERMANENT INSURANCE IDENTIFICATION CARD IS RECEIVED.**

**GEICO**  
geico.com

**State of New Jersey Temporary Evidence of Insurance**  
1-800-841-3000

100 GEICO Indemnity Company  
One GEICO Boulevard • Fredericksburg, VA 22412-0003

Policy Number	Effective Date	Expiration Date
6057-17-20-71	03-16-21	04-05-21
Year	Make	Model
2014	FORD	EXPLORER
		Vehicle ID No.
		1FM5K7B87EGA84274

**Insured:**  
Robert W Johnson  
140 Pineview Ter Apt 2  
Plainfield NJ 07062-1506

**Additional Insured/Registered Owner If Different from the Named Insured**

This Temporary Evidence of Insurance expires 20 days after the effective date shown above.

**What to do at the time of an accident.**

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved.  
Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling **1-800-841-3000** or visit **geico.com** to report the accident.

ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT  
GEICO  
P.O. Box 9515  
Fredericksburg, VA 22403

U-4-NJ-B (10-17)

**What to do at the time of an accident.**

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved.  
Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
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ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT  
GEICO  
P.O. Box 9515  
Fredericksburg, VA 22403

U-4-NJ-B (10-17)



## Vehicle Ownership Verification

VIN : 1FM5K7B87EGA84274 (Please ensure that this is the correct VIN, if needed click the back button and make corrections)

Please confirm information below.

Please Note: This record has NOT as yet been entered. Make sure that you select the "SUBMIT" button below to enter this information. You will obtain a confirmation notice once the data has been recorded.

Print for your records

Record NOT submitted.  
See note above.

This Vehicle is owned by an individual

### Vehicle Owner / Representative Name

P & A Code : 09559  
First : ROBERT  
Last : JOHNSON  
Address : COURT STREET  
City : WATERTOWN  
State : NY  
Zip : 13601

### Personal ID Information

Driver's License Number : 352009320  
State : NY  
Expiration Date : 02/26/2024

Indicate the proof of ownership that you have reviewed & retained a copy Choose One : Registration

### Vehicle Information

Year : 2014  
Make : FORD  
Model : EXPLORER  
License Plate No. : W134351  
State Issuing Veh. Ownership Doc : NY

### Ownership Verified by

Name : First : TREVIS  
Last : MILLER

Back to FMCDDealer.com

Back

Submit

**NEW YORK STATE** USA  
DRIVER LICENSE

NOT FOR  
FEDERAL  
PURPOSES

ID **352 009 320** Class **E**

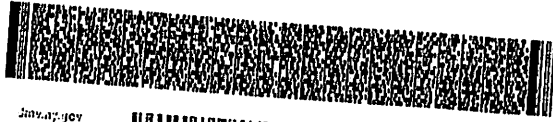
**JOHNSON**  
**ROBERT, W**  
65 SIDNEY ST  
BUFFALO, NY 14211

Sex **M** Height **5'-10"** Eyes **BRO**  
DOB **02/26/1984**  
Expires **02/26/2024**  
E **NONE**  
R **NONE**  
Issued **02/01/2020**

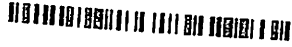
*Robert W. Johnson*  
FEB 34

*ROBERT JOHNSON*





Jan. 07, 2007



01218 008700984 88

Doc # KEYEICVC14





## Northern Lights Chiropractic

Lighting your way to greater health

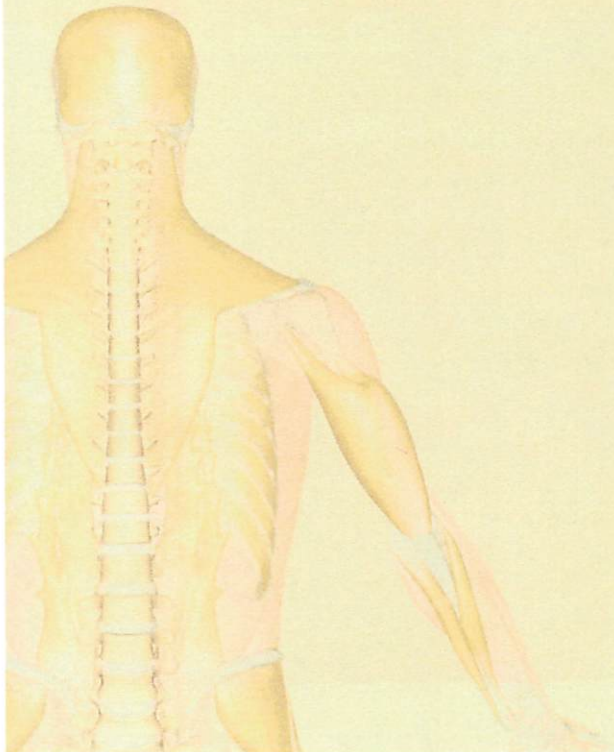
March 24, 2021

To whom it may concern:

Robert Johnson is a patient in our office. Due to his current diagnosis and prognosis he is unable to work through from March 22<sup>nd</sup> to April 5<sup>th</sup>. Robert will have a re-examination on this date to determine future status. If you have any questions, please give us a call at 315-782-7166.

Sincerely,

Dr. Pamela Thompson



Northern Lights Chiropractic  
1116 Arsenal street  
Watertown, NY 13601  
Phone: 315-782-7166  
Fax: 315-782-0978  
[www.northernlightschiro.net](http://www.northernlightschiro.net)



One GEICO Boulevard  
Fredericksburg, VA 22412-0001

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- GEICO Advantage Insurance Company
- GEICO Choice Insurance Company
- GEICO Secure Insurance Company

April 29, 2021

ROBERT JOHNSON  
140 PINEVIEW TERRACE  
PLAINFIELD, NJ 07062

Via Regular Mail and E-mail ROBERTJOHNSONWNY@GMAIL.COM

**RE: SECOND REQUEST FOR EXAMINATION UNDER OATH**

Claimant: Robert Johnson  
Claim No.: 8717362010000003 and 8717362010000002  
Date of Loss: 3/22/2021 and 03/29/2021

Dear Mr. Johnson:

The Government Employees Insurance Company (GEICO) is evaluating your above referenced claim. Pursuant to the terms and conditions of the GEICO insurance policy, you are required to submit to an Examination Under Oath (EUO) upon GEICO's request. Please note this EUO will be administered virtually by one of our court reporters.

As such, please be advised that your EUO has been scheduled for the below date and time.

DATE: Wednesday, May 19, 2021  
TIME: 9:00 AM  
LOCATION: WebEx Virtual Meeting

**This link will forward you to the WebEx meeting:**

<https://caseplannerpro.com/meet/23ac984e1f0ab56ec03f9efe445aba35>

**If you are not able to attend this Examination Under Oath please contact me at the number below prior to your scheduled EUO time. Failing to notify GEICO that you cannot attend may be considered non-cooperation.**

**You are required to provide the following materials during the examination:**

- Driver's License or Other Government Photo ID
- Paystubs for Prior 3 Months
- Photos of Vehicle Before and/or After the loss
- Proof of Purchase/Lease of Vehicle
- Proof of Residency Dated Within 30 Days of Loss Date
- Proof of Registration

## **EUO Video Conference Procedures and Protocols**

### **Sequence of a video conference meeting**

1. Participants join the meeting 15 minutes prior to the scheduled EUO
2. Introduction by the certified court reporter ("CCR")
3. Brief announcement of video conference procedures & review
4. Proceeding officially starts on the record
5. All parties identify themselves for the record
6. Witness identification and swear-in (interpreter where required)

### **Confirmation Coordination for your Webex EUO**

Please ensure that all computers, tablets, smart phones etc. have been fully charged and that your personal remote location to your WI-FI connection, if required, is strong to avoid any interruption of service during the Webex EUO. To check your internet speed please [click here](#).

We strongly suggest that you download the CISCO Webex Meetings application onto the device you will be using for the proceeding. Please ensure that you are familiarized prior to logging into the deposition to avoid any delays. The court reporter will be available and set up (15) minutes prior to the start of the deposition time.

### **EUO Protocol**

While we are mindful all participants may not be aware of proper conduct and protocol in Examination Under Oath appearances under normal circumstances, conducting a video conference deposition for the accuracy of the record, the following guidelines have been established for a successful video conference meeting.

### **Audio**

The CCR will establish, prior to the commencement of the deposition, that she/he can hear all parties clearly. Should the volume of the participant's voice become inaudible, the court reporter will request that you speak up and perhaps repeat your answer and/or question. This applies to all parties in attendance.

### **Interruptions**

- All parties should be speaking one at a time during the video conference meeting and not over each other.
- If any party objects to a question, it is essential to be even more cognizant than in a normal proceeding. This ensures that the individual speaking is allowed to finish his/her statement.
- Please allow each participant's question/statement to be completed before the other parties respond so that the CCR can correctly identify who is speaking at the time. If everyone at the meeting begins to speak at the same time, it will be impossible for the CCR to discern as to who is speaking as well as what is being stated on the record.
- To expand further, it is also necessary for all parties to be aware that when one participant is asking a question, the answering party is allowed to complete their answer before the next question is asked or rephrased.



- This may be redundant but when involved in a video conference, additional commentary outside of the person who has the floor needs to be eliminated. This is a courtesy to everyone present so that the answering party is both heard and understood.
- If you do not have the floor, please try to keep your microphone muted. If not, the additional noise may interrupt the proceeding.

#### **Video Conference Disconnection**

- The reporter will be mindful of all parties present at the EUO meeting.
- In the event a party becomes disconnected, anyone present should note this event on the record immediately, so the reporter can promptly go off the record and advise all parties that there has been a disconnect. A short break will be taken to allow the party to log back in. Once the connection has been reestablished the proceedings will continue.
- Depending on the cause of the disconnect, the party may have to switch from a computer internet connection to a phone connection if they are unable to login back in via their computer.
- The individual who has been disconnected will have to login or call back into the meeting with their meeting number. The Investigator or the appearing Attorney, if applicable, will contact the claimant directly.

#### **Exhibits**

- At the time of confirmation (48 hours) prior to the scheduled meeting, please ensure that your office has provided QNA Resources the pre-marked exhibits, if any, for the court reporter to be attached electronically to the transcripts at the time of confirmation. The CCR **will not** be able to present your exhibits.

If the Investigator/Counsel wants to share and refer to exhibits during the meeting, please have him/her review [this video tutorial guide](#) so that they may be familiar and comfortable during the meeting with the procedure to share the screen.

The New Jersey Family Automobile Insurance Policy states in part:

SECTION V, GENERAL CONDITIONS # 14 of the policy states: These Conditions Apply To All Coverages In This Policy, EXAMINATION UNDER OATH, "The insured, or any other person seeking coverage under this policy, must submit to examination under oath by any person named by us when and as often as we may require."

**Please be advised that your failure to appear for an EUO may be interpreted by GEICO as an intentional breach of the insurance contract, which could result in the forfeiture of your rights under the policy and denial of benefits.**

**If you require an interpreter or plan to retain legal counsel to represent you at your EUO, please notify me immediately. Please confirm your attendance at the above scheduled EUO no later than 48 hours in advance before you are scheduled to appear. If you fail to confirm this appointment it will result in a cancellation and the Claims Department will be notified.**

Sincerely,

Cassandra Jones  
GEICO Special Investigator  
Phone 917-468-9815  
Fax 855-966-8768  
E-mail [CassJones@geico.com](mailto:CassJones@geico.com)




**Davidson**  
FORD CLAIM Auto Group

Name CAS 3112596

Direct: 03/24/2021

Cell: \_\_\_\_\_

 \_\_\_\_\_

**APPOINTMENT REMINDER**  
**LEGAL DEPT.**

Name \_\_\_\_\_

Mon Tues Wed Thurs Fri Sat Sun

Date FORD CLAIM #  
CAS-31337853

Time 04/13/2021

**Davidson**  
Auto Group

[www.davidsonautogroup.com](http://www.davidsonautogroup.com)

Robert Johnson

**NOTARIZATION OF THE COMPLAINT**

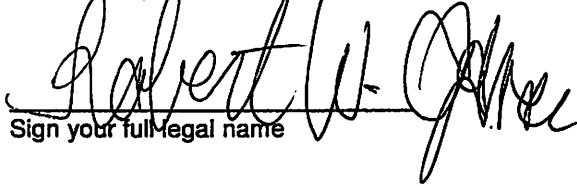
Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing), as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

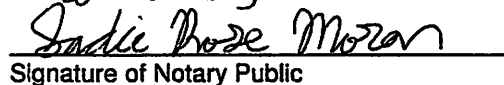
I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

  
Sign your full legal name

SADIE ROSE MORAN  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01MO6416725  
Qualified in Jefferson County  
My Commission Expires 04-26-2025

Subscribed and sworn before me  
This 36<sup>th</sup> day of July, 2021

  
Signature of Notary Public

County: Jefferson Commission expires: 04-26-2025

**Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.**





## Division of Human Rights

**KATHY HOCHUL**  
Governor

**MARIA L. IMPERIAL**  
Acting Commissioner

### Notice of Important Document

<b>ENGLISH</b>	<b>This is an important document. If you need help to understand it, please call 888-392-3644. An interpreter will be provided free.</b>
<b>Español</b> <b>Spanish</b>	Este es un documento importante. Si necesita ayuda para entenderlo, por favor llame al 888-392-3644. Se le proveerá un intérprete gratis.
<b>简体字</b> <b>Simplified Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 888-392-3644。您会得到免费翻译服务。
<b>繁體字</b> <b>Traditional Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，請打電話至 888-392-3644。您会得到免費翻譯服務。
<b>Kreyòl Ayisyen</b> <b>Haitian Creole</b>	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 888-392-3644. Y ap ba ou yon entèprèt gratis.
<b>Italiano</b> <b>Italian</b>	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 888-392-3644. Un interprete sarà disponibile gratuitamente.
<b>한국어</b> <b>Korean</b>	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 888-392-3644. 무료 통역이 제공됩니다.
<b>Русский</b> <b>Russian</b>	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 888-392-3644. Переводчик предоставляется бесплатно.



GEICO Indemnity Company

Buffalo/New Jersey Claims, PO BOX 9515  
Fredericksburg, VA 22403-9515



04/15/2021

Date Loss Reported to GEICO: 3/22/2021

Robert Johnson  
140 Pineview Ter  
Plainfield, NJ 07062-1506

Company Name: GEICO Indemnity Company  
Claim Number: 871736201 0000 002  
Loss Date: Monday, March 22, 2021  
Policyholder: Robert Johnson  
Policy Number: 6057172071  
Injured Party: Robert Johnson

Dear Robert Johnson,

We are in receipt of your claim for PIP benefits stemming from an automobile accident that occurred on March 22, 2021 at New York. You were the occupant of a 2014 Ford Explorer. This claim is reported under policy 6057172071, which insures Robert Johnson. You are hereby notified that GEICO Indemnity Company, in investigating, adjusting or defending any claims for litigation arising out of the said accident or any claim arising therefrom; or in any way acting or failing to act, does not waive any rights or admit any obligations under the policy.

We are making this Reservation of Rights because our requests to you to provide the information necessary for us to make a determination of coverage have been met with an unsatisfactory response. We have requested the PIP Application, HIPAA Authorization, Affidavit of No Insurance and Proof of Residency on 03/23/2021 but have received no response.

The New Jersey Family Automobile Insurance Policy states in part:

## SECTION II - PERSONAL INJURY PROTECTION COVERAGE

### DUTIES AFTER AN ACCIDENT OR LOSS

A. In the event of an accident, prompt written notice must be given to **us** or **our** authorized representative. Such notice shall include:

1. Sufficient details to identify the **insured**; and

2. Reasonably obtainable information as to how, when and where the accident happened shall be given by or on behalf of each insured.

B. A person seeking Personal Injury Protection Coverage must:

1. Promptly give **us** written proof of claim, including:

- a. Full particulars of the nature and extent of the **bodily injury**, and treatment received and contemplated; and
- b. Any other information which may assist **us** in determining the amount due and payable; and
- c. Cooperate and immediately provide any and all documents and/or information we request, in the manner and form we may reasonably require, including but not limited to any and all requests for fully completed PIP forms.

## SECTION V - GENERAL CONDITIONS

### 14. EXAMINATION UNDER OATH

The **insured**, or any other person seeking coverage under his policy, must submit to examination under oath by any persons named by us when and as often as we may require

The policy of insurance covering this loss obligates any person seeking coverage under this policy to cooperate with the claim investigation. Your failure to comply with our investigation will result in the scheduling of your Examination Under Oath. Without this cooperation, we may consider disclaiming coverage to you for this loss. You would then be personally responsible for your claim and any associated costs or expenses.

**Upon receipt of this letter, please provide the following information within fourteen days:**

- Provide information for the police report, upload the report at [geico.com](http://geico.com) or fax the report to 5162131484.

The service of this notice upon you does not deprive you of any rights you may have against the Company, and your acknowledgement of this notice shall not be considered a waiver of your rights under said policy or policies.

Sincerely,

Wade Stroble  
1-800-301-1390 x4518  
Claims Department

Encl: Return Envelope



GEICO Indemnity Company

Buffalo/New Jersey Claims, PO BOX 9515  
Fredericksburg, VA 22403-9515



04/14/2021

Date Loss Reported to GEICO: 3/29/2021

Robert Johnson  
140 Pineview Ter APT 2  
Plainfield, NJ 07062-1506

Company Name:	GEICO Indemnity Company
Claim Number:	871736201 0000 003
Loss Date:	Monday, March 29, 2021
Policyholder:	Robert Johnson
Policy Number:	6057172071
Injured Party:	Robert Johnson

Dear Robert Johnson,

We are in receipt of your claim for PIP benefits stemming from an automobile accident that occurred on March 29, 2021 at Pennsylvania . You were the occupant of a 2014 Ford Explorer. This claim is reported under policy 6057172071, which insures Robert Johnson. You are hereby notified that GEICO Indemnity Company, in investigating, adjusting or defending any claims for litigation arising out of the said accident or any claim arising therefrom; or in any way acting or failing to act, does not waive any rights or admit any obligations under the policy.

We are making this Reservation of Rights because our requests to you to provide the information necessary for us to make a determination of coverage have been met with an unsatisfactory response. We have requested the PIP Application, HIPAA Authorization, Affidavit of No Insurance and Proof of Residency on 03/30/2021 but have received no response.

The New Jersey Family Automobile Insurance Policy states in part:

## SECTION II - PERSONAL INJURY PROTECTION COVERAGE

### DUTIES AFTER AN ACCIDENT OR LOSS

A. In the event of an accident, prompt written notice must be given to *us* or *our* authorized representative. Such notice shall include:

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  - b. Any other information which may assist **us** in determining the amount due and payable; and
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Sincerely,

Wade Stroble  
1-800-301-1390 x4518  
Claims Department

Encl: Return Envelope



GEICO Indemnity Company

Buffalo/New Jersey Claims, PO BOX 9515  
Fredericksburg, VA 22403-9515

04/21/2021

Date Loss Reported to GEICO: 3/29/2021

Wilkes-Barre Imaging Llc  
To Whom It May Concern  
PO Box 827275  
Philadelphia, PA 19182-7275

Company Name: GEICO Indemnity Company  
Claim Number: 871736201 0000 003  
Loss Date: Monday, March 29, 2021  
Policyholder: Robert Johnson  
Policy Number: 6057172071  
Date of service: 04/01/2021  
Patient: Robert Johnson

To Whom It May Concern,

In accordance with N.J.S.39:6 A-11:3-25.3, we acknowledge receipt of your Notification of Commencement of Medical Treatment for the above mentioned injured party.

Please be advised that the injured party is currently seeking benefits under our insured's policy and we are currently investigating whether your patient is eligible for benefits.

Once our investigation is complete, we will be in further contact with you.

In the meantime, if you should have any questions, please contact me at the number below.

To track your medical claims or for questions regarding your bills, please visit our online Medical Provider Claim Tracking website at <http://www.geico.com/b2b>.

Sincerely,

Wade Stroble  
1-800-301-1390 x4518  
Claims Department

cc: Robert Johnson



GEICO Indemnity Company

04-20-21

Policy Number: 6057-17-20-71

ROBERT W JOHNSON  
140 PINEVIEW TER APT 2  
PLAINFIELD NJ 07062-1506



Dear Policyholder,

This letter is to confirm your request to remove you from our Automatic Payment program.

**Request details**

Date of deactivation: April 20, 2021  
Last four digits of Account: 6806

If a current amount is due on your policy, you will receive a separate notice requesting payment.

Additionally, **your payment plan requires you to be enrolled in Automatic Payments.** Please note that if you choose not to re-enroll, your remaining payment amounts will change as a result of being placed on a payment plan that does not require automatic payments. This change may also impact your due dates.

You can view your updated billing information when you log in online.

When you are ready to re-enroll in automatic payments, please log into your policy at [geico.com](https://www.geico.com) and select "Payment Options" to complete your enrollment.

We appreciate your business and look forward to serving you for years to come.

Sincerely,  
GEICO Customer Service  
1-800-841-7475

709867966 00016707 00000001/00000001 00016707/00020356



Tel: 1-800-841-3000

GEICO Indemnity Company  
One GEICO Boulevard  
Fredericksburg, VA 22412-0003

## Declarations Page

This is a description of your coverage.  
Please retain for your records.

**Policy Number: 6057-17-20-71**

**Coverage Period:**

03-16-21 through 09-16-21

Based on local time at the address of the named insured, your coverage began at the later of 12:01am on 03-16-21, or when initial payment was received, and will expire at 12:01am on 09-16-21.

Date Issued: March 16, 2021

ROBERT W JOHNSON  
140 PINEVIEW TER APT 2  
PLAINFIELD NJ 07062-1506

Email Address: robertjohnsonwny@gmail.com

### Named Insured

Robert W Johnson

### Additional Drivers

None

<u>Vehicle</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2014 Ford Explorer	1FM5K7B87EGA84274	PLAINFIELD NJ 07062-1506	CREDIT ACCEPTANCE CORP

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>
Bodily Injury Liability Each Person/Each Occurrence	\$15,000/\$30,000	\$359.60
Property Damage Liability	\$5,000	\$264.80
PIP Full PIP Primary	Option A \$15,000 \$250 Ded	\$571.00
Uninsured & Underinsured Motorists Each Person/Each Occurrence	\$15,000/\$30,000	\$25.20
Underinsured Motorist Property Damage	\$5,000	\$2.20
Comprehensive (Excluding Collision)	\$1,000 Ded	\$85.70
Collision	\$1,000 Ded	\$455.00
<b>Total Six Month Premium</b>		<b>\$1,763.50</b>

\*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee

Tier T

DEC\_PAGE (03-14) (Page 1 of 2)

Continued on Back

New Business Page 7 of 110



amount will be shown on your billing statements and is subject to change.

### Discounts

The total value of your discounts is

Anti-Theft Device (All Vehicles) .....	\$545.70
Passive Restraint/Air Bag (All Vehicles) .....	\$27.40
5 Year Good Driving (All Vehicles) .....	\$239.60
Telematics Discount (All Vehicles) .....	\$86.00
	\$192.70

**Contract Type:** FAMILY STANDARD AUTO

**Contract Amendments:** ALL VEHICLES - UE112A(01-17) A30NJ(02-08) A54NJ(06-17)

**Unit Endorsements:** UE316A(04-88) (VEH 1); CRA468NJ(07-04) (VEH 1)

**Class:** A -M -2-SMP -L(VEH 1)

### **Important Policy Information**

- Please review the front and/or back of this page for your coverage and discount information.
- A discount for successfully completing an approved Defensive Driver Course is available in New Jersey.
- You are currently carrying the Limited Tort option on your policy.
- Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA, however, in Virginia coverage is limited for custom furnishings or equipment on pick-up trucks and vans but you may purchase coverage for this equipment. Please call us at 1-800-841-3000 or visit us at geico.com if you have any questions.
- A credit or discount has been applied to this policy: Telematics Discount.
- Confirmation of coverage has been sent to your lienholder and/or additional insured.
- Claims incurred while an insured vehicle is being used to carry passengers for hire may not be covered by this contract. Please review the contract for a full list of exclusions and contact us if you plan to use any of your insured vehicles for this purpose.
- Information about your vehicle history (title issues or prior damage) impacted how we determined your premium.



This report provided free of charge by:

Exem United

1834-1846 W Front St, Plainfield, NJ 07063

908-259-6194

★ 3.4 out of 5.0

5 Verified Reviews



## Vehicle History Report™

US \$39.99

### 2014 FORD EXPLORER

VIN: 1FM5K7B87EGA84274  
4 DOOR WAGON/SPORT UTILITY  
3.5L V6 F DOHC 24V  
GASOLINE  
FRONT WHEEL DRIVE



No accidents or damage reported to CARFAX



2 Previous owners



At least 1 open recall



3 Service history records



Types of owners: Personal lease, Personal



119,367 Last reported odometer reading



This CARFAX Report Provided by:

**Exem United**

★ 3.4 / 5.0 5 Verified Reviews

This CARFAX Vehicle History Report is based only on information supplied to CARFAX and available as of 1/30/21 at 12:54:26 PM (CST). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.



### Ownership History

The number of owners is estimated

	Owner 1	Owner 2
Year purchased	2013	2016
Type of owner	Personal lease	Personal
Estimated length of ownership	2 yrs. 11 mo.	4 yrs. 2 mo.
Owned in the following states/provinces	New Jersey	New Jersey
Estimated miles driven per year	18,245/yr	15,274/yr
Last reported odometer reading	54,236	119,367



### Title History

CARFAX guarantees the information in this section

	Owner 1	Owner 2
Salvage   Junk   Rebuilt   Fire   Flood   Hail   Lemon	<input checked="" type="checkbox"/> Guaranteed No Problem	<input checked="" type="checkbox"/> Guaranteed No Problem
Not Actual Mileage   Exceeds Mechanical Limits	<input checked="" type="checkbox"/> Guaranteed No Problem	<input checked="" type="checkbox"/> Guaranteed No Problem



**GUARANTEED** - None of these major title problems were reported by a state Department of Motor Vehicles (DMV). If you find that any of these title problems were reported by a DMV and not included in this report, CARFAX will buy this vehicle back.  
Register | View Terms | View Certificate

<b>CARFAX</b> Additional History		Owner 1	Owner 2
Not all accidents / issues are reported to CARFAX			
Total Loss No total loss reported to CARFAX.	<input checked="" type="checkbox"/>	No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Structural Damage No structural damage reported to CARFAX.	<input checked="" type="checkbox"/>	No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Airbag Deployment No airbag deployment reported to CARFAX.	<input checked="" type="checkbox"/>	No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Odometer Check No indication of an odometer rollback.	<input checked="" type="checkbox"/>	No Issues Indicated	<input checked="" type="checkbox"/> No Issues Indicated
Accident / Damage No accidents or damage reported to CARFAX.	<input checked="" type="checkbox"/>	No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Manufacturer Recall At least 1 manufacturer recall requires service. Locate an authorized <u>Ford</u> or <u>Lincoln Mercury dealer</u> or call 866-436-7332 to obtain more information about this recall.	<input checked="" type="checkbox"/>	No Recalls Reported	Recall Reported
Basic Warranty Original warranty estimated to have expired.		Warranty Expired	Warranty Expired

**CARFAX** Detailed History

Owner 1		Personal Lease Vehicle	
Purchased: 2013		18,245 mi/yr	
Date	Mileage	Source	Comments
10/03/2013		NICB	Vehicle manufactured and shipped to original dealer
10/16/2013		Causeway Ford Lincoln Manahawkin, NJ 609-597-8083 causewayfordmanahawkin.com ★ 4.3 / 5.0 67 Verified Reviews ♥ 123 Customer Favorites	Vehicle sold
10/17/2013		Causeway Ford Lincoln Manahawkin, NJ 609-597-8083 causewayfordmanahawkin.com ★ 4.3 / 5.0 67 Verified Reviews ♥ 123 Customer Favorites	Vehicle serviced - Pre-delivery inspection completed
10/25/2013	10	New Jersey Motor Vehicle Dept. Beach Haven, NJ Title #RV20132980206	Title issued or updated - Registration issued or renewed - First owner reported - Titled or registered as personal lease vehicle - Loan or lien reported - Vehicle color noted as Black
10/14/2016	54,236	Causeway Ford Lincoln Manahawkin, NJ 609-597-8083 causewayfordmanahawkin.com ★ 4.3 / 5.0 67 Verified Reviews ♥ 123 Customer Favorites	Vehicle sold
10/27/2016		Causeway Ford Lincoln Manahawkin, NJ	Vehicle offered for sale

Date	Mileage	Source	Comments
11/01/2016		New Jersey Motor Vehicle Dept. Beach Haven, NJ Title #GPD20163062212	- Title issued or updated - New owner reported - Loan or lien reported - Vehicle color noted as Black
11/07/2017		Ford Motor Company	Manufacturer Customer Satisfaction Program issued - Program #17N04 FRONT DOOR TRIM PANEL REPAIR
11/17/2017		New Jersey Motor Vehicle Dept. Beach Haven, NJ	Registration issued or renewed - Vehicle color noted as Black
10/17/2018		New Jersey Motor Vehicle Dept. Beach Haven, NJ	Registration issued or renewed - Vehicle color noted as Black
10/24/2018	85,596	Causeway Ford Lincoln Manahawkin, NJ 609-597-8083 causewayfordmanahawkin.com ★ 4.3 / 5.0 67 Verified Reviews 123 Customer Favorites	Vehicle serviced
10/26/2018	85,830	New Jersey Inspection Station	Passed emissions inspection
06/11/2019		Ford Motor Company	Manufacturer Safety recall issued - NHTSA #19V435 - Recall #19S17 REAR SUSPENSION TOE LINK REPLACEMENT - Status: Remedy Available Locate an authorized Ford or Lincoln Mercury dealer or call 866-436-7332 to obtain more information - Learn more about this recall
<p><b>Description:</b> VEHICLES THAT ARE EXPOSED TO FREQUENT FULL REAR SUSPENSION ARTICULATION (JOUNCE AND REBOUND) MAY EXPERIENCE A FRACTURED REAR SUSPENSION TOE LINK.</p> <p>A FRACTURE OF A REAR TOE LINK SIGNIFICANTLY DIMINISHES STEERING CONTROL, INCREASING THE RISK OF A CRASH.</p> <p><b>Remedy:</b> OWNERS WILL BE NOTIFIED BY MAIL AND INSTRUCTED TO TAKE THEIR VEHICLE TO A FORD OR LINCOLN DEALER TO HAVE THE LEFT HAND AND RIGHT HAND REAR SUSPENSION TOE LINKS REPLACED WITH NEW FORGED TOE LINKS. THERE WILL BE NO CHARGE FOR THIS SERVICE. FORD PROVIDED THE GENERAL REIMBURSEMENT PLAN FOR THE COST OF REMEDIES PAID FOR BY VEHICLE OWNERS PRIOR TO NOTIFICATION OF A SAFETY RECALL IN MARCH 2019. THE ENDING DATE FOR REIMBURSEMENT ELIGIBILITY IS AUGUST 19, 2019. FORD WILL FORWARD A COPY OF THE NOTIFICATION LETTERS TO DEALERS TO THE AGENCY WHEN AVAILABLE.</p>			
06/24/2019		Ford Motor Company	Manufacturer Customer Satisfaction Program issued - Program #19N05 CARBON MONOXIDE CONCERN



Locate an authorized Ford or Lincoln Mercury dealer or call 866-436-7332 to obtain more information

12/16/2019		New Jersey Motor Vehicle Dept. Beach Haven, NJ	Registration issued or renewed - Vehicle color noted as Black
02/27/2020	108,493	Pep Boys Toms River, NJ 732-286-1040 pepboys.com ★ 4.7 / 5.0 60 Verified Reviews ✓ ♥ 95 Customer Favorites	✕ Vehicle serviced - Maintenance inspection completed - Headlight(s) replaced
10/17/2020		New Jersey Motor Vehicle Dept. Beach Haven, NJ	Registration issued or renewed - Vehicle color noted as Black
10/28/2020	115,503	New Jersey Inspection Station	Passed emissions inspection
12/22/2020	119,202	New Jersey Motor Vehicle Dept. Manahawkin, NJ Title #GD20203572291	Title issued or updated - Dealer took title of this vehicle while it was in inventory - Vehicle color noted as Black
01/08/2021	119,367	Auto Auction	Vehicle offered for sale - Vehicle sold



Millions of used vehicles are bought and sold at auction every year.

Have Questions? Consumers, please visit our Help Center at [www.carfax.com](http://www.carfax.com). Dealers or Subscribers, please visit our Help Center at [www.carfaxonline.com](http://www.carfaxonline.com).



## Glossary

### First Owner

When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

### Ford or Lincoln Mercury Recall

The Ford Motor Company provides Carfax with Field Service Action and recall information regarding safety, compliance and emissions programs announced since 2000 for a specific vehicle. For complete information regarding programs or concerns about this vehicle, please contact a local Ford or Lincoln Mercury Dealer.

### Manufacturer Recall

Automobile manufacturers issue recall notices to inform owners of car defects that have come to the manufacturer's attention. Recalls also suggest improvements that can be made to improve the safety of a particular vehicle. Most manufacturer recalls can be repaired at no cost to you.

### New Owner Reported

When a vehicle is sold to a new owner, the Title must be transferred to the new owner(s) at a Department of Motor Vehicles.

### Ownership History

CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

### Title Issued

A state issues a title to provide a vehicle owner with proof of ownership. Each title has a unique number. Each title or registration record on a CARFAX report does not necessarily indicate a change in ownership. In Canada, a registration and bill of sale are used as proof of ownership.

Sincerely,

Wade Stroble  
1-800-301-1390 x4518  
Claims Department

698157266 00000205 00000002/00000002 00000922/00005337